



# County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration  
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(213) 974-1101  
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA  
Chief Executive Officer

May 16, 2012

To: Phillip L. Browning, Director  
Department of Children and Family Services

Jonathan E. Fielding, Director  
Department of Public Health

Sheryl Spiller, Acting Director  
Department of Public Social Services

From: William T Fujioka  
Chief Executive Officer

Board of Supervisors  
GLORIA MOLINA  
First District

MARK RIDLEY-THOMAS  
Second District

ZEV YAROSLAVSKY  
Third District

DON KNABE  
Fourth District

MICHAEL D. ANTONOVICH  
Fifth District

## **FORMATION OF EMPLOYEE COMMUTE REDUCTION PROGRAM COMMITTEE AT REGULATED SITE—9320 TELSTAR, EL MONTE**

South Coast Air Quality Management District (SCAQMD) Rule 2202 requires work sites with 250 or more employees to implement an Employee Commute Reduction Program (ECRP), commonly known as Rideshare. The SCAQMD-regulated site at 9320 Telstar in El Monte includes employees from the Departments of Children and Family Services, Public Health, and Public Social Services. Public Health is the lead department with primary ECRP responsibility because they have the most County employees at the site.

My Office recently learned that the ECRP Plan at 9320 Telstar contains a number of rideshare strategies that need close coordination by the three departments. Although my Office was successful in getting SCAQMD to approve the ECRP Plan at Telstar this year, we need to ensure that the marketing, and basic and direct strategies contained in the ECRP Plan for this worksite are implemented in a timely manner (Attachment). Non-compliance with Rule 2202 can result in substantial fines and penalties to the County.

Therefore, my Office is creating an official ECRP Committee at Tel Star to address this issue. **The initial Telstar ECRP Committee meeting is scheduled for Monday, June 4, 2012, at 2:30 p.m., Room 201, 9320 Telstar, El Monte 91731.** Please select a management representative to attend this important meeting. This individual should also be prepared to provide a contact name and information for the person who will permanently represent your department on this Committee.

Phillip L. Browning, et al.  
May 16, 2012  
Page 2

The Committee's primary responsibility will be implementation of the site's ECRP. We recommend that your Employee Transportation Coordinator (ETC) and ETC Manager attend the meeting since they are familiar with SCAQMD Rule 2202.

County Code Chapter 5.90, Vehicle Trip Reduction, sets forth the County's obligation to reduce traffic congestion and air emissions from vehicles used by employees commuting between home and the worksite. Our compliance with SCAQMD's Rule 2202 includes "good faith" efforts to increase the Average Vehicle Ridership at the regulated sites.

We appreciate your support of the County's clean air efforts and look forward to a productive meeting on June 4<sup>th</sup>. For parking arrangements, please e-mail [cmsfacilitiesmanagement@ph.lacounty.gov](mailto:cmsfacilitiesmanagement@ph.lacounty.gov). For more information, staff may contact Ruth A. Wong at (213) 974-2495 or [rwong@ceo.lacounty.gov](mailto:rwong@ceo.lacounty.gov).

WTF:EFS:MKZ  
RW:EW:ib

#### Attachment

c: Brandon Nichols, Senior Director, Children and Family Services  
Jonathan E. Freedman, Chief Deputy, Public Health  
Nancy Diaz, Division Chief, Public Social Services  
Sheryl Negash, ETC Manager, Children and Family Services  
Elizabeth Solorzano, ETC Manger, Public Social Services



# South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178  
(909) 396-2000 • www.aqmd.gov

January 18, 2012

Mr. Wesley Ford  
Deputy Director  
L.A. Co Children's Medical Services  
9320 Telstar Ave.  
El Monte, CA 91731

ID#144935  
----- SITE -----  
9320 Telstar Ave  
El Monte, CA 91731

Dear Mr. Ford:

The South Coast Air Quality Management District (District) is in receipt of your organization's Annual Program. After reviewing the information submitted, you are hereby notified that your Annual Program meets the requirements of the Rule 2202 and is hereby approved.

Your Annual Program, along with this approval letter, must be maintained on file and be made available to a District representative upon request. Your organization is required to submit an updated Annual Program **no later than December 01, 2012**.

If you have previously informed us that your submission is a multi-site program, please refer to the attached list of worksites included in your multi-site grouping(s). If this information is incorrect, or if you need technical assistance on any aspect of your plan, please call our Transportation Programs Hotline at (909) 396-3271.

Sincerely,

A handwritten signature in cursive script that reads 'Carol Gomez'.

Carol A. Gomez  
Manager, Transportation Programs

cc: Toni Paiz, Intermediate Typist Clerk



# RULE 2202 - REGISTRATION FORM

YEAR: 2011/12  
 SITE ID: 444395

TYPE OR PRINT ALL INFORMATION

## Section I General Information

Employer/Organization Name: Los Angeles County-Public Health-Children's Medical Services *144935*

Worksite Address: 9320 Telstar Ave  
 Street Number (N, S, E, W) Street Name Type (St., Ave., Blvd.)

Unit / Suite Location / Mail stop  
 El Monte California 91731 Los Angeles  
 City State Zip Code County (LA, OC, RS, SB)

Contact Name: Mr./Mrs./ ( Ms.) Toni Paiz Intermediate Typist Clerk  
 (Circle one) Name Title

Mailing Address: \_\_\_\_\_  
(If different from site address)

Phone Number: (626) 569-6429 E-Mail Address: tpaiz@ph.lacounty.gov  
 Area Code  
 Fax Number: (626) 569-0784  
 Area Code

APPROVED

If filing an Employee Commute Reduction Program, provide:

Employee Transportation Coordinator: Mr./Mrs./ (Ms.) Toni Paiz Intermediate Typist Clerk  
 (Circle one) Name Title

Mailing Address: \_\_\_\_\_  
(If different from site address)

Phone Number: (626) 569-6429 E-Mail Address: tpaiz@ph.lacounty.gov  
 Area Code  
 Fax Number: (626) 569-0784  
 Area Code

Has this person completed the Rule 2202 ETC Training?  
 Yes  (If Yes, please attach copy of certificate, unless previously submitted)  
 No \_\_\_\_\_ (If No, please provide date you are scheduled to attend)

Highest Ranking Official at this Site: (Mr./Mrs./ Ms.) Wesley Ford Director  
 (Circle one) Name Title

Mailing Address: \_\_\_\_\_  
(If different from site address)

Phone Number: (626) 569-6001 E-Mail Address: wford@ph.lacounty.gov  
 Area Code  
 Fax Number: (626) 569-9352  
 Area Code

I attest that the attached program will be implemented as required by Rule 2202 – On-Road Motor Vehicle Mitigation Options and further declare that as stated herein, the proposed strategies will be implemented upon program approval by the AQMD.

Signature of Highest Ranking Official or individual responsible for allocating program resources:

*Wesley Ford*

Date: 11-8-11

# RULE 2202 - REGISTRATION FORM

YEAR: 2012  
 SITE ID: 144395

**Section I (continued)**

Worksite Employment:

- Total number of employees reporting to this worksite: 670
- Total number of employees reporting to this worksite within the designated peak window: 487
- If you excluded Police/Sheriff/Federal Field Agents from the peak window employees, please indicate the total number of agents excluded: N/A (Partially reporting these employees is not acceptable)
- Total number of fleet vehicles located at this worksite: 0 (Note: This information is only required from those employers filing an Employee Commute Reduction Program and have not met the corresponding Performance Zone Target AVR)

**APPROVED**

Check One Box Only

**Select Type of Program:**

- Air Quality Investment Program** (Complete Sections I, II) pages 1-3.
- Emission/Trip Reduction Strategies** (Complete Sections I, III) pages 1-2, 4 or 4-9 and corresponding Appendices, if applicable.
- Employee Commute Reduction Program** (Complete Sections I, IV) pages 1-2, 5-25 and corresponding Appendices, if applicable.
- Employee Commute Reduction Program Offset** (Complete Sections I, IV-1, and IV-3) pages 1-2, 5-9, and 26, and corresponding Appendices, if applicable.
- Employee Commute Reduction Program High AVR No Fault Inspection** (Complete Sections I, IV) pages 1-2 and 5-9, and corresponding Appendices, if applicable. Include your Compliance Pass Letter.  
 Note: This type of program cannot be used when filing a first year program.

Determine your correct filing fee(s) and submit your completed forms along with a check payable to:

**South Coast Air Quality Management District  
 Transportation Programs  
 21865 Copley Drive  
 Diamond Bar, CA 91765**

Please provide the site I.D. number and specify "Rule 2202" on all checks. Programs submitted with no check or incorrect fee amounts may be disapproved and subject to resubmittal fees. Please refer to Rule 308 for current Emission/Trip Reduction Strategies and for Employee Commute Reduction Program filing fees. Please refer to Rule 311 for current Air Quality Investment Program filing fees.

Fees are subject to change each July 1<sup>st</sup>. Please call our Transportation Fee Line at (909) 396-FEES for latest information, or visit our Web Site at [www.aqmd.gov](http://www.aqmd.gov) to download Rule 308 or Rule 311.

Site Street Address, City, Zip	Total # of Employees	Amount Due
9320 Telstar Ave, El Monte, 91731	670	\$959.64
Late Fees, if applicable: (50% of filing fee)		<i>N/A</i>
<b>Total Fees Submitted:</b>		<b>\$959.64</b>



# RULE 2202 - REGISTRATION FORM

YEAR: 2012  
 SITE ID: 144395

## Section IV – Employee Commute Reduction Program (ECRP) Option

### Section IV-1. AVR Verification Process

APPROVED

#### A. Methodology:

Identify the methodology used to obtain the survey data by checking one of the following choices and provide a copy of the data collection instrument. See Rule 2202 – Employee Commute Reduction Program Guidelines for additional information.

**District Approved AVR Survey** (If selected, complete Section B. The 7-day survey form is available on our Website at [www.aqmd.gov/trans](http://www.aqmd.gov/trans).)

**Other** (Alternative methods; e.g., Random Sample, or Record-Keeping; requires prior AQMD approval and an additional certification fee for alternative methods. See Rule 308: (c) (2) (G))

Certification Number: RK-060607 Date: June 7, 2006

#### B. District Approved AVR Survey

##### Survey Week:

First day of survey

07/25/2011

Last day of survey

07 /29/2011

##### Survey Response Rate (Peak Window)

Number of surveys returned from employees reporting to work within the designated peak window.

460

divided by

Total number of employees reporting to work within the designated peak window.

487

=

Survey response rate (60% minimum response rate required.)

94%

NOTE: This number cannot be greater than 100%.

##### Survey Response Rate (Off-Peak Period, if applicable)

NOTE: Reporting Off-Peak data is optional. See ECRP Guidelines for additional information.

Number of surveys returned from employees reporting to work during the off-peak period

divided by

Total number of employees reporting to work during the off-peak period

=

Survey response rate (60% minimum response rate required.)

#### C. AVR Data Location

Specific location where AVR verification data are stored at your worksite

Black file cabinet located in Admin Support Services unit.



# RULE 2202 - REGISTRATION FORM

YEAR:

2012

SITE ID:

144395

## Section IV-1 (cont.) - D. Weekly Employee Survey Summary Form (Peak)

See Instructions on Page 9.

Summarize the commute modes of employees who began to work within the designated 6-10 a.m., Monday-Friday window

Days of the week: \_\_\_\_\_ Hours: \_\_\_\_\_ through \_\_\_\_\_  
If different than Monday through Friday, and/or 6:00 AM to 10:00 AM, identify the 5 consecutive days and/or the 4 consecutive hours above

Mode	MON	TUE	WED	TH	FRI	Total
NSR. No Survey Response (60-89%)	0	0	0	0	0	0
NSE. Surveys with Errors	0	0	0	0	0	0
A. Drive Alone	336	366	376	370	220	1668
B. Motorcycle	0	0	0	0	0	0
C. 2 persons in vehicle	37	36	36	36	24	169
D. 3 persons in vehicle	8	7	7	7	5	34
E. 4 persons in vehicle	0	0	0	0	1	1
F. 5 persons in vehicle	4	4	3	4	1	16
G. 6 persons in vehicle	0	0	0	0	0	0
H. 7 persons in vehicle	0	0	0	0	0	0
I. 8 persons in vehicle	0	0	0	0	0	0
J. 9 persons in vehicle	0	0	0	0	0	0
K. 10 persons in vehicle	0	0	0	0	0	0
L. 11 persons in vehicle	0	0	0	0	0	0
M. 12 persons in vehicle	0	0	0	0	0	0
N. 13 persons in vehicle	0	0	0	1	0	1
O. 14 persons in vehicle	0	0	0	0	0	0
P. 15 persons in vehicle	0	0	0	0	0	0
Q. Bus	6	6	6	5	4	27
R. Rail/plane	10	11	11	12	5	49
S. Walk	0	0	0	0	0	0
T. Bicycle	1	0	1	1	0	3
U. Zero Emission Vehicle (no Hybrids)	0	0	0	0	0	0
V. Telecommute	0	0	0	0	0	0
W. Noncommuting	0	0	0	0	0	0

### Compressed Work Week Day(s) Off

X. 3/36 work week	0	0	0	0	0	0
Y. 4/40 work week	25	0	0	1	52	78
Z. 9/80 work week	13	0	0	1	116	130

### Other Days Off

AA. Vacation	8	14	4	9	11	46
BB. Sick	9	12	14	9	4	48
CC. Regular Day Off, Jury Duty, LOA, etc.	3	4	2	4	17	30
DD. NSR (90% or higher response)	27	27	27	27	27	135
OO. Off-Peak Trips (mixed schedule)	0	0	0	0	0	0

### TOTALS (Each day should match)

TOTALS (Each day should match)	487	487	487	487	487	2435
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# RULE 2202 - REGISTRATION FORM

YEAR:	2012
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## Section IV-1 (cont.)

### E. Weekly Employee/Vehicle Calculation (Peak)

#### Weekly Employee Trips

Mode	Column I
NSR. No Survey Responses (if 60%-89%)	0
NSE. Surveys with Errors	0
A. Drive Alone	1668
B. Motorcycle	0
C. 2 persons in vehicle	169
D. 3 persons in vehicle	34
E. 4 persons in vehicle	1
F. 5 persons in vehicle	16
G. 6 persons in vehicle	0
H. 7 persons in vehicle	0
I. 8 persons in vehicle	0
J. 9 persons in vehicle	0
K. 10 persons in vehicle	0
L. 11 persons in vehicle	0
M. 12 persons in vehicle	0
N. 13 persons in vehicle	1
O. 14 persons in vehicle	0
P. 15 persons in vehicle	0
Q. Bus	27
R. Rail/plane	49
S. Walk	0
T. Bicycle	3
U. Zero Emission Vehicle (no Hybrids)	0
V. Telecommute	0
W. Noncommuting	0

#### Weekly Vehicles Trips

	Column II
NSR. divided by 1	0.00
NSE. divided by 1	0.00
A. divided by 1	1668.00
B. divided by 1	0.00
C. divided by 2	84.50
D. divided by 3	11.33
E. divided by 4	0.25
F. divided by 5	3.20
G. divided by 6	0.00
H. divided by 7	0.00
I. divided by 8	0.00
J. divided by 9	0.00
K. divided by 10	0.00
L. divided by 11	0.00
M. divided by 12	0.00
N. divided by 13	0.08
O. divided by 14	0.00
P. divided by 15	0.00
Q. Bus	0.00
R. Rail/plane	0.00
S. Walk	0.00
T. Bicycle	0.00
U. Zero Emission Vehicle (no Hybrids)	0.00
V. Telecommute	0.00
W. Noncommuting	0.00

#### Compressed Work Week Day (s) Off

X. 3/36 work week	0
Y. 4/40 work week	78
Z. 9/80 work week	130

**ET. Employee Trips (Total NSR thru Z)****2176****TV. Total Vehicles (NSR through P)****1767.36**

#### Other Days Off

AA. Vacation	46
BB. Sick	48
CC. Regular Day Off, Jury Duty, LOA, etc	30
*DD. NSR (90% or higher)	135
**OO. Off-Peak Trips (Mixed Schedule)	
<b>EE. Total (ET+AA+BB+CC+DD+OO)</b>	<b>2435</b>
FF. Number of employees in window	487
GG. Multiply box FF by 5	2435

\*DD NSR: No Survey Response for employers that have achieved a 90% or higher survey response rate.

\*\*OO. Off-Peak: See Section IV-1-G - ETC Instructions, on page 9.

Note: Numbers in boxes EE & GG must be the same.



# RULE 2202 - REGISTRATION FORM

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## Section IV-1 (cont.)

# APPROVED

### F. AVR Planning Form

- Total employee trips generated within window. (Section IV-1-E, Line ET).
- Total vehicles arriving at the worksite within the window. (Section IV-1-E, Line TV).
- Divide line #1 of this page by line #2 of this page for current AVR.
- Enter AVR performance zone here. (1.30, 1.50, or 1.75). To determine correct performance zone refer to map on Appendix B.
- AVR of last submittal.
- Enter Adjusted AVR from the Appendix(ces) here, if applicable, otherwise enter the AVR from line 3. Adjustments to the AVR: Check all that apply and complete corresponding Appendix(ces).

2176
1767.36
1.23
1.50
1.21
1.23

**Off-Peak Credits (Complete Appendix C)**

**Reduced Staffing (Complete Appendix D)**

**Non-Regulated Sites (Complete Appendix E)**

**Multiple Adjustment Worksheet (Complete Appendix F)**



# RULE 2202 - REGISTRATION FORM

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## Section IV-2: Good Faith Effort Determination Elements

### MARKETING STRATEGIES

Employers who have not attained the target AVR must select at least five (5) Marketing Strategies to be implemented at each site by inserting the appropriate frequency code inside the box from the following:

#### \*Frequency Codes Table:

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)
O = As Needed	

Attendance at a Marketing Class, at least Annually (must submit proof of attendance)

Direct Communication by CEO, at least Annually (written)

Employer Newsletter Distributed at least Quarterly, or Rideshare Website with Notices to Employees, at least Quarterly

Employer Rideshare Events, at least Annually

Flyer/Announcements/Memo/Letter to Employees, at least Quarterly

New Hire Orientation, as needed

Rideshare Bulletin Boards/Commuter Information Kiosks/Display Racks

Rideshare Meetings/ Focus Group(s), at least Semi-Annually

Other Marketing Strategies (please specify below):



# RULE 2202 - REGISTRATION FORM

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## 2. SUMMARY OF STRATEGIES AND ADDITIONAL REQUIREMENTS

Employers who have not attained the target AVR must select and complete the corresponding pages for at least five (5) Basic/Support and five (5) Direct Strategies from the following menu that the worksite will be implementing.

### BASIC/SUPPORT STRATEGIES

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Commuter Choice Program         | <input checked="" type="checkbox"/> Preferential Parking for Ridesharers |
| <input checked="" type="checkbox"/> Flex Time Schedules             | <input checked="" type="checkbox"/> Rideshare Matching Services          |
| <input checked="" type="checkbox"/> Guaranteed Return Trip          | <input checked="" type="checkbox"/> Transit Information Center           |
| <input checked="" type="checkbox"/> Personalized Commute Assistance | <input type="checkbox"/> Other   |

### DIRECT STRATEGIES

- |   |  |
|---|--|
| <input type="checkbox"/> Auto Services                    | <input type="checkbox"/> Parking Charge/Subsidy              |
| <input type="checkbox"/> Bicycle Program                  | <input type="checkbox"/> Points Program                      |
| <input type="checkbox"/> Carpool Program                  | <input checked="" type="checkbox"/> Prize Drawings           |
| <input checked="" type="checkbox"/> Compressed Work Week  | <input checked="" type="checkbox"/> Start-up Incentives      |
| <input type="checkbox"/> Direct Financial Awards          | <input checked="" type="checkbox"/> Telecommuting            |
| <input type="checkbox"/> Discounted or Free Meals         | <input type="checkbox"/> Time Off with Pay                   |
| <input type="checkbox"/> Employee Clean Vehicle Purchases | <input type="checkbox"/> Transit Subsidy                     |
| <input type="checkbox"/> Gift Certificates                | <input type="checkbox"/> Vanpool Program                     |
| <input type="checkbox"/> Off Peak Rideshare Program       | <input checked="" type="checkbox"/> Other – SANBAG/Metrolink |
|   | <input checked="" type="checkbox"/> Other – Pizza Party      |

### ADDITIONAL REQUIREMENTS

n/a **Employer Clean Fleet Vehicle Purchase/Lease Program** – Check this box and complete Appendix G, if applicable, or write N/A in this box (Please note that Government fleets that are subject to Rule 1191 but have 4-14 vehicles must also comply with this provision. (See ECRP Guidelines for applicability requirements).

n/a **Mobile Source Diesel PM/NOx Emission Minimization Plan** – Check this box and complete Appendix H, if applicable, or write N/A in this box (see ECRP Guidelines for applicability requirements).



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## 2a. BASIC/SUPPORT STRATEGIES

Complete the information for the corresponding basic/support strategies that were previously chosen on page 11. Do not repeat the same strategy in more than one place. Please use the appropriate Frequency Codes whenever applicable for the strategies being implemented. The Frequency Code is defined as how often the employer is awarding the benefit or strategy.

### \* Frequency Codes Table:

D = Daily	B = Bi-monthly
W = Weekly	Q = Quarterly
M = Monthly	S = Semi-annually
A = Annually	O = Other (specify)
<b>O = As Needed</b>	

**Commuter Choice Program** - A monthly transportation fringe benefit used exclusively for regular direct commutes by public transit or vanpools from home to work, and does not exceed the average monthly commuting cost based on a 20-day month. Employers can pay for their employees to commute by transit or vanpool and get a tax deduction for the expense, or employers can allow employees to set aside pre-tax income to pay for transit or vanpooling. This amount of an employee's salary is not subject to income tax.

**Flex Time Schedules** - The employer permits employees to adjust their work hours in order to accommodate public transit schedules or rideshare arrangements. Please check the appropriate type of flex time offered and the flexibility in minutes. (Do not use this section unless flex time is linked to your rideshare program.)

<input type="checkbox"/> <b>Grace Period</b>	<input checked="" type="checkbox"/> <b>Shift Flexibility</b>	<input type="checkbox"/> <b>15 Minutes</b>
<input type="checkbox"/> <b>30 Minutes</b>	<input type="checkbox"/> <b>45 Minutes</b>	<input type="checkbox"/> <b>60 Minutes</b>
<input type="checkbox"/> <b>Other (in minutes)</b>	<input type="text"/>	

Does a written policy exist?  Yes  No

**Guaranteed Return Trip** - The employer provides eligible employees with a return trip (or to the point of commute origin), when a need for the return trip arises.

Check all that apply:

- Personal Emergency Situation
- Unplanned Business-related Activities
- Planned Business-related Activities
- Other (specify)



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YEAR:   
 SITE ID:

Guaranteed Return Trip will be provided by utilizing one or more of the following transportation modes or options:

- Employer Vehicle**  **TMA/TMO Provided**
- Supervisor or Fellow Employee**  **Rental car**
- Taxi**  **Other (specify)**

**Personalized Commute Assistance** – The employer provides personalized assistance such as transit itineraries, carpool matching and personal follow-up to employees.

Check all that apply:

- Organize Focus Group(s) or Task Force(s)**
- Coordinate the Formation of Carpools/Vanpools**
- Assist in Identifying Park & Ride Lots**
- Assist in Identifying Bicycle and Pedestrian Routes**
- Assist in Providing Personalized Transit Routes and Schedule Information**
- Provide Personalized Follow-up Assistance to Maintain Participation in the Commute Program**

**Preferential Parking for Ridesharers** - The employer provides eligible employees with preferential parking spaces to park their vehicles. These spaces shall be clearly posted or marked in a manner to identify them for carpool and vanpool use only.

- Number of Preferential Parking Spaces**
- Minimum Number of Persons (per vehicle) Required to be Eligible**
- Minimum Number of Days or % of Ridesharing Required to be Eligible**
- Method of Vehicle Identification (i.e. tags, stickers, license plate No.)**



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**D** **Rideshare Matching Services** – The employer provides rideshare matching service or assistance in finding commute alternatives for all employees, at least annually.

Check all that apply:

<input checked="" type="checkbox"/> <b>Employer Based System</b>	<input type="checkbox"/> <b>TMA/TMO System</b>
<input checked="" type="checkbox"/> <b>Regional Commute Management Agency</b>	<input type="checkbox"/> <b>Zip Code Lists/Maps</b>

How and when do you match people (check all that apply)

	Frequency Code*
<input type="checkbox"/> <b>During New Hire Orientation</b>	<input type="text"/>
<input checked="" type="checkbox"/> <b>As Part of an Employer Wide Survey</b>	<input type="text"/>
<input checked="" type="checkbox"/> <b>On Demand</b>	<input type="text"/>

**M** **Transit Information Center** - The employer provides a transit information center that makes available general transit information (updated at least quarterly), and/or the on-site sale of public transit passes to the worksite employees.

Do you provide on-site sale of transit passes or tokens?  Yes  No

Location of Transit Information: In All Employee Breakrooms



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**Carpool Program** - The employer provides eligible employees with a carpool program designed to encourage the use of existing carpools or the development of new carpools.

Mode	Award Amount	Frequency Code*	Eligibility Code**	Minimum Requirement***
2 person vehicle				
3 person vehicle				
4 person vehicle				
5 person vehicle				
6 person vehicle				

**Compressed Work Week** - A Compressed Work Week (CWW) schedule applies to employees who, as an alternative to completing the basic work requirement in five eight-hour workdays in one week, or ten eight-hour days in two weeks, are scheduled in a manner which reduces trips to the worksite.

Does a written policy exist?  Yes  No

The Compressed Work Week schedule is offered to:

All  Eligible employees/Depts.

e  
m  
p  
l  
o  
y  
e  
e  
s

Please enter the number of employees for each type of CWW used:

		Current No. Emp.	Projected No. Emp.
<input type="checkbox"/>	3/36 Compressed Work Week	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	4/40 Compressed Work Week	78	82
<input checked="" type="checkbox"/>	9/80 Compressed Work Week	130	140



# RULE 2202 - REGISTRATION FORM

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**Parking Cash Out/Parking Management Strategies**

The State's Parking Cash-Out Program, California Health & Safety Code, Section 43845, requires certain employers who provide subsidized parking for their employees to offer a cash allowance in lieu of a parking space.

The law applies to employers (public or private) who:

- employ at least 50 employees;
- have worksites in an air basin designated non-attainment for any state air quality standard;
- subsidize employee parking that they don't own;
- can calculate the out-of-pocket expense of the parking subsidies they provide; and
- can reduce the number of parking spaces without penalty in any lease agreements.

**IF YOU ARE IMPLEMENTING PARKING CASH OUT, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Date Parking Cash Out Program was implemented? \_\_\_\_\_

How many parking spaces fall under the parking Cash Out State requirement? \_\_\_\_\_

How many employees will receive subsidies instead of the parking space? \_\_\_\_\_ \$Amount per space: \_\_\_\_\_

Is there street parking or alternative parking close to your facility? 

Yes	No	How Far? (miles)
-----	----	------------------

How is the program monitored? 

On-Site Security	Card Reader	Honor System	Other

Please add pages if other details will help in explaining your site specific parking situation.

**Points Program** - Employees earn points for each day of participation in the employee commute reduction program. Points are redeemed for such rewards as time off, gift certificates, cash or merchandise.

Value of Point	Per # of Points	Frequency Code*	Eligibility Code**	Minimum Requirement***
\$				

**Prize Drawings** - The employer provides eligible employees with a chance to win prizes for participation in the employee commute reduction program.

Type of Prize	Average Value Per Prize	Number of Prizes	Frequency Code*	Eligibility Code**	Minimum Requirement***
Varies	\$10.00	10	A	2D/W	8D/M
Varies	\$15.00	5	Semi/A	2D/W	8D/M
Varies	\$20.00	5	Semi-A	2D/W	8D/M
Gift Card	\$10.00	5	A	3 D/W	12 D/M



# RULE 2202 - REGISTRATION FORM

YEAR: 2012  
 SITE ID: 144395

**A** **Start Up Incentive** – Incentives designed to reward solo commuters for joining a carpool or vanpool, or using other alternative commute modes and is generally provided over a short period of time.

Mode	Award Amount	Duration	Frequency Code*	Eligibility Code**	Minimum Requirement***
2 person vehicle	\$25.00	On going	A	8DM	24DQ
3 person vehicle	\$25.00	On going	A	8DM	24DQ
4 person vehicle	\$25.00	On going	A	8DM	24DQ
5 person vehicle	\$25.00	On going	A	8DM	24DQ
6 person vehicle	\$25.00	On going	A	8DM	24DQ
Vanpool (7 – 15)	\$25.00	On going	A	8DM	24DQ
Bus	\$25.00	On going	A	8DM	24DQ
Rail/plane	\$25.00	On going	A	8DM	24DQ
Walk	\$25.00	On going	A	8DM	24DQ
Bicycle	\$25.00	On going	A	8DM	24DQ
Telecommuting	\$25.00	On going	A	8DM	24DQ

Is Incentive offered by:  Employer  Other

If Other, please provide name of entity: \_\_\_\_\_ Metro \_\_\_\_\_

**W** **Telecommuting** - Telecommuting means working at home, off-site, or at a telecommuting center for a full workday that eliminates the trip to work or reduces travel distance to the worksite by more than 50%.

Does a written policy exist?  Yes  No

Telecommuting is offered to:  All Employees  Eligible employees/ Depts.

The employer telecommuting program consists of:

(Check each element that applies.)

Orientation / Training Sessions

Working at Home  # of Days per Week

Working at Telecommuting Center  # of Days per Week

Other (specify) \_\_\_\_\_

Please enter the number of program participants:

	Current No. Empl.	Projected No. Empl.
Work at Home	0	10
Work at Telecommuting Center		
Total	0	10



## RULE 2202 - REGISTRATION FORM

YEAR:	2012
SITE ID:	144395

A

**Other Direct Strategies** - The employer can provide other types of direct strategies designed to encourage solo commuters to participate in the Employee Commute Reduction Program. If your worksite is implementing strategies not identified in this package, please provide a detailed description, identifying eligibility requirements and all information needed to implement the strategy. If additional space is needed, you may photocopy this page and include it in this submittal.

**METROLINK 4 Trip Pass**- Site will promote the Metrolink 4 Trip Pass program to interested employees who would like to try riding Metrolink to work. The program will target drive alone employees in an effort to increase ridership on public transit. Eligible employees will receive one ticket. Each ticket will allow each eligible employee to take 2- round trips or 4-one way rides for free.

**SANBAG/Inland Empire Rideshare Program**- The Riverside County Transportation Commission (RCTC) and San Bernardino Associated governments (SANBAG) have merged together to form Inland Empire Commuter Services providing commuter benefits for Western Riverside and San Bernardino County residents.

First time ridesharers who reside in the Western Riverside and San Bernardino county and who currently drive alone to work and have not been in a rideshare agreement for the past 90 days are eligible to receive \$2 dollars per day for each day they rideshare to work for three months. Incentives will be paid in the form of gift cards.

Existing ridesharers who reside in the Western Riverside and San Bernardino County and who have already been ridesharing for more than three months, at least one day per week are eligible to receive an annual membership card with unlimited discounts at over 450 merchants in the Inland Empire. Participants will also be eligible for special promotions and will have access to a members only website, [www.rideshareplus.info](http://www.rideshareplus.info).

A

**Other Direct Strategies** - The employer can provide other types of direct strategies designed to encourage solo commuters to participate in the Employee Commute Reduction Program. If your worksite is implementing strategies not identified in this package, please provide a detailed description, identifying eligibility requirements and all information needed to implement the strategy. If additional space is needed, you may photocopy this page and include it in this submittal.

### PIZZA EVENT

Conduct a pizza party to highlight employee participation in the employee commute reduction program. Inclusion in this event requires that an employee sign a commitment form agreeing to use some form of public transportation or carpool for three days during the month following their pledge. The pizza party will be in the form of invitation only lunch.

Eligibility Requirements are:

- Employees must be county employees who work at the site.
- The pizza lunch will be used as a reward for employees who try ridesharing
- Employees must fill out a commitment agreement to try ridesharing three times during the month following their pledge to do so.
- Upon completion of the pledge employees will be eligible for an invitation to the Pizza lunch to be held the week of, June 18, 2012.

**SOUTH COAST AIR QUALITY  
MANAGEMENT DISTRICT**

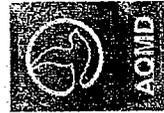
Let it be known that

**Toni A. Paiz**

has completed a one-day initial training seminar in Rule 2202  
and is a certified

**EMPLOYEE TRANSPORTATION COORDINATOR**

**December 3, 2009**



*Benny R. Wallerstein*  
BENNY R. WALLERSTEIN, D. Env.  
EXECUTIVE OFFICER

